

<b>Case Number:</b>	CM15-0009126		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Texas, New York, California  
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male who sustained an industrial related injury on 2/20/14 after a piece of equipment fell onto his left foot. Diagnoses included a closed crush injury of the foot, complex regional pain syndrome of the right leg, and a psychophysiological disorder. Treatment included cognitive behavioral therapy which the injured worker noted to be helpful for his mood and ability to manage his injury. The physician recommended continuing cognitive behavioral therapy. The treating physician requested authorization for 6 more cognitive behavioral sessions. On 12/18/14 the request was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule and Official Disability Guidelines. The UR physician noted there was no evidence indicating that prior cognitive behavioral therapy had been helpful. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**6 more CBT sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,(ODG) Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

**Decision rationale:** The applicant is a represented 58-year-old machinist who has filed a claim for leg pain, foot pain, alleged complex regional pain syndrome reportedly associated with an industrial injury of February 20, 2014. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve a request for six additional sessions of cognitive behavioral therapy. Non-MTUS ODG Guidelines were invoked. The claims administrator contended that the applicant had not profited through earlier treatment, was spending 18 to 20 hours lying in bed daily. The claims administrator referenced an office visit of December 17, 2014 at the top of its report, although this did not appear to have been summarized in the report rationale. The applicant's attorney subsequently appealed. In a June 30, 2014 progress note, the applicant reported 8/10 left foot, calf, and leg pain. The applicant was using a cane to move about. The applicant was not currently working, it was acknowledged. The applicant had difficulty with sitting and standing tasks. The applicant was placed off of work, on total temporary disability, owing to a reported diagnosis of complex regional pain syndrome (CRPS). The applicant was using Norco and Motrin for pain relief, it was acknowledged. Six sessions of psychotherapy were endorsed via a psychology progress note dated July 11, 2014. The applicant went on to receive psychotherapy at various points in late 2014, including August and September 2014. On December 30, 2014, the applicant reported 8/10 foot pain. The applicant reportedly had two sessions of physical therapy pending. The applicant had received extended psychotherapy. The applicant was no longer working owing to ongoing complaints of foot pain, it was noted. The applicant stated that he was less depressed, socializing, walking, and reaching out to friends. The applicant was on Neurontin, Motrin, and Norco for pain relief, it was acknowledged on this occasion. Additional treatment was endorsed. The applicant stated that he was intent on returning to the workplace at some point. No firm plans were announced, however. In a work status report dated December 18, 2014, the applicant was placed off of work, on total temporary disability, through January 28, 2015. No, the request for six additional sessions of cognitive behavioral therapy (AKA psychotherapy) is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 acknowledges that cognitive therapy can be problem-focused, which is intended to help alter an applicant's perception of stress, or emotion-focused, which is intended to alter an applicant's response to stress. This recommendation is, however qualified by commentary made in ACOEM Chapter 15, page 405, to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stresses. Here, the applicant was/is off of work, despite receipt of earlier unspecified amounts of cognitive behavioral therapy/psychotherapy at various points throughout late 2014. The earlier cognitive behavioral therapy had seemingly failed to ameliorate the applicant's functional status, in terms of chronic pain and/or mood. The attending provider has failed to outline how further cognitive behavioral therapy can further ameliorate the applicant's functional status, mood, and/or affect the applicant's return to work. The fact that the applicant remains off work, on total temporary disability, despite receipt of earlier extensive cognitive behavioral therapy, furthermore, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary. ACOEM Practice Guidelines, Chapter 15, page 400, Cognitive Techniques and Therapy section. ACOEM Practice Guidelines, Chapter 15, page 405, Failure to Improve section. MTUS 9792.20f.

